

REC'D FEB 21 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 1698

Township St Joseph MO

Primary Registration District No. 1001

Registered No. 96

City 6300 Mrs Eugene Howard

St. Mo. Wells Hospital

St.

Ward

2. FULL NAME

(a) Residence, No. P.O. Sedmore Mo.

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Ernie Scott - Howard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 29, 1910

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

28

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OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bedford

FATHER

13. NAME

Harry P Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

alexia ill

MOTHER

15. MAIDEN NAME

Agnes Robbins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Bedford

17. INFORMANT (ADDRESS)

Max Elma Scott

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Marionville, Mo.

DATE Feb 1, 1939

19. UNDERTAKER (ADDRESS)

Cummings Funeral Home

20. FILED

7-30

1939

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1939, to 1-30, 1939

I last saw him alive on 1-30, 1939 Death is said

to have occurred on the date stated above, at 10 a m.

The principal cause of death and related causes of importance were as follows:

Acute Enterocolitis

Date of onset 1-15-39

Other contributory causes of importance:

Undulant Fever

Name of operation None

Date of

What test confirmed diagnosis? Tuberc Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? NO Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

W. L. ...

M. D.

(Address) 307 1/2 S Beale

St Joseph Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Lee Meek, Licensed Embalmer No. 3538

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by ML

or by ✓, Registered Apprentice No. ✓

(Signed) Lee Meek

Licensed Embalmer No. 3538

NOTE: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**
(Failure to comply with the above regulation constitutes grounds for revocation of license)